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| Application | or | Docket | Number |
|-------------|----|--------|--------|
|             |    |        |        |

| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000   |             |   |              |                               |                   |                  |                   | (                       | 09756980               |                     |                     |                        |
|--|-------------|---|--------------|-------------------------------|-------------------|------------------|-------------------|-------------------------|------------------------|---------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |             |   |              |                               | SMALL ENTITY TYPE |                  |                   | OTHER THAN SMALL ENTITY |                        |                     |                     |                        |
| TOTAL CLÀIMS   |             | 74  |              |                               |                   | Г                | RATE              | FEE                     | 1 1                    | RATE                | FEE                 |                        |
| FOR  |             |   | NUMBER FILED |                               | NUMBER EXTRA      |                  | В                 | ASIC FEE                | 355.00                 | OR                  | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |             |   | フリ minus 20= |                               | · 4               |                  |                   | X\$ 9=                  | 30                     | OR                  | X\$18=              |                        |
| INDEPENDENT CLAIMS   |             |   | minus 3 = *  |                               | • 0               | · 0              |                   | X40=                    | 1 ~ ~                  | OR                  | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |             |   |              |                               |                   |                  |                   | +135=                   |                        | OR                  | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |             |   |              |                               |                   | L                | TOTAL             | 30 i                    | OR                     | TOTAL               |                     |                        |
| CLAIMS AS AMENDED - PART II  |             |   |              |                               |                   |                  |                   |                         | <u> </u>               | 1                   | OTHER               | THAN                   |
|  |             | (Column 1)                                |              | (Colur                        |                   | (Column 3)       | ;                 | SMALL                   | ENTITY                 | OR                  | SMALL               |                        |
| AMENDMENT A  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY      | PRESENT<br>EXTRA |                   | RATE                    | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON  | Total       | *   | Minus        | **                            |                   | =                |                   | X\$ 9=                  |                        | OR                  | X\$18=              |                        |
| AME  | Independent | *<br>NTATION OF MI                        | Minus        | ***                           | F CL AINA         | =                |                   | X40=                    |                        | OR                  | X80=                |                        |
|  | THOTTRESE   | INTATION OF IM                            | SETTPLE DEF  | ENDEN                         | CLAIM             |                  |                   | +135=                   |                        | OR                  | +270=               |                        |
|  |             |   |              |                               |                   |                  | Δſ                | TOTAL<br>DDIT. FEE      | (***                   | OR                  | TOTAL<br>ADDIT. FEE |                        |
|  |             | (Column 1)                                |              | (Colur                        |                   | (Column 3)       | , ,,_             | JOI 1. 1 EE             |                        |                     |                     |                        |
| ENDMENT B  | 1. 4        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY      | PRESENT<br>EXTRA |                   | RATE                    | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON  | Total       | *   | Minus        | **                            |                   | =                |                   | X\$ 9=                  |                        | OR                  | X\$18=              |                        |
| AME  | Independent | *<br>NTATION OF MU                        | Minus        | ***                           | CLAIM             | =                |                   | X40=                    |                        | OR                  | X80=                |                        |
| <u> </u>   | THOTTNESE   |   | DETIFIE DEF  | CINDENT                       | CLAIIVI           |                  |                   | +135=                   |                        | OR                  | +270=               |                        |
|  |             |   |              |                               |                   |                  | AD                | TOTAL<br>DIT. FEE       |                        | OR ,                | TOTAL<br>ADDIT. FEE |                        |
| _  |             | (Column 1)<br>CLAIMS                      |              | (Colur                        |                   | (Column 3)       |                   |                         |                        |                     | ,                   |                        |
| AMENDMENT C  | * *         | REMAINING<br>AFTER<br>AMENDMENT           |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY      | PRESENT<br>EXTRA |                   | RATE                    | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total       | *   | Minus        | **                            | <del>-</del>      | =                |                   | X\$ 9=                  |                        | OR                  | X\$18=              |                        |
|  | Independent | *<br>NTATION OF M                         | Minus        | ***<br>PENDENT                | CLAIM             | =                |                   | X40=                    |                        | OR                  | X80=                |                        |
| <b>ـــ</b> ــا   |             | •   |              |                               |                   |                  |                   | +135=                   |                        | OR                  | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" |             |   |              |                               |                   | AD               | TOTAL<br>DIT. FEE |                         | OR ,                   | TOTAL<br>ADDIT. FEE |                     |                        |

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

<sup>\*\*\*</sup>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.